

ROOFING PERMIT APPLICATION

Building Address: Owner: Address: City & ZIP: _____ Phone: _____	Date Issued: _____ PERMIT NO. _____ 2 - Replace / Repair <input type="checkbox"/> 5 - Replace Permit <input type="checkbox"/> Valuation: \$ _____
CONTRACTOR: Name: Mailing Address: City & ZIP: Webb City Lic. No.: _____ Phone: _____	Permit Fee \$ _____ TOTAL \$ _____ Receipt # _____
Project Description: _____ _____ Project Completion Date: _____	<p style="text-align: center;">RECORD OF INSPECTION DATES</p> Final: _____ Remarks: _____ _____ _____

TYPE OF STRUCTURE:
 Frame _____ Masonry _____ Metal _____
 Residential _____ Commercial _____ Industrial _____
 Building use _____

TYPE OF ROOF:
 Pitched _____ Built Up _____ Flat (Hot Mix) _____
 Other (describe): _____

NUMBER OF LAYERS:
 Now _____ After _____
 Area of roof or # of squares: _____

DECKING MATERIAL: _____

TYPE OF ROOF COVERING:

- Asphalt shingles
- Clay or cement
- Metal shingles
- Metal sheeting
- Wood shake
- Fiberglass shingles
- Asbestos—Cement
- Other _____

Remarks: _____

BEFORE SIGNING, PLEASE READ THE FOLLOWING

ALL WORK MUST BE IN ACCORDANCE WITH IBC 2012 BUILDING AND RESIDENTIAL CODES. NO MORE THAN TWO (2) LAYERS OF ROOF COVERINGS SHALL BE PERMITTED UPON COMPLETION OF ROOFING OR RE-ROOFING PROJECTS. NO ROOF COVERING OF ANY TYPE SHALL BE ALLOWED OVER WOOD SHAKE SHINGLES.

Signature: _____	Approved by: _____
Applicant	Building Inspector
Date	Date